

# DECLARATION AND POWER OF ATTORNEY

Docket: SKE9877-3US

As a below named inventor, I hereby declare that:

- (a) My residence, post office address and citizenship are as stated below next to my name.  
 (b) I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SOUNDBOARD OF COMPOSITE FIBRE MATERIAL CONSTRUCTION

the specification of which  
 (check one) ☒ is attached hereto.

☒ was filed on August 23, 2001, as Application Serial No. 09/935,975, and was amended on \_\_\_\_\_ (if applicable).

- (c) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  
 (d) I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.  
 (e) I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) <u>100 41 357.9</u>	<u>GERMANY</u>	<u>23/August/2000</u>	Priority Claimed
(Number)	(Country)	(Day/Month/Year filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year filed)	

- (f) I hereby claim the benefit under Title 35, United States Code, §119 (e) or §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior U.S. application in the manner provided by the first paragraph of Title 35, U.S. Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Ser. No.) \_\_\_\_\_ (Filing Date) \_\_\_\_\_ (Status-patented, pending, abandoned)

I hereby appoint the following attorney(s) jointly and severally to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

E.J. Biskup - 18,987	W.H. Francis - 25,335	J. F. Learman - 17,069	W.J. Schramm - 24,795
R.C. Collins - 27,430	W.H. Griffith - 16,706	J.K. McCulloch - 17,452	R.L. Stearns - 36,937
P.J. Ethington - 17,299	A.M. Grove - 39,697	J.P. Moran - 20,941	J.D. Stevens - 35,691
		S.L. Permut - 28,388	W.J. Waugaman - 20,304
R.L. Farris - 25,112	E.T. Jones - 40,037	M.J. Schmidt - 43,904	C.R. White - 20,494
F.J. Fodale - 20,824			

SEND CORRESPONDENCE TO:

Reising, Ethington, Barnes, Kisselle,  
 Learman & McCulloch. P.C.  
 5291 Colony Drive North  
 Saginaw, Michigan 48603

DIRECT TELEPHONE CALLS TO:

JOHN K. MCCULLOCH

(989) 799-5300

COPY OF PAPER  
 ORIGINALLY FILED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature Martin Schleske  
 Date: September 17, 2001  
 Full Name: Martin Schleske  
 Residence: Munich, GERMANY  
 City, State, Zip: Munich, Germany 80538  
 Country: GERMANY  
 Citizenship: German  
 P.O. Address: Seitzstrasse 4, Munich  
GERMANY 80538

Signature \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Full Name: \_\_\_\_\_  
 Residence: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_  
 P.O. Address: \_\_\_\_\_